

Ouzinkie Health Clinic



Alaska Rural Primary Care Facility

Assessment and Inventory Report

Final

February 24, 2004



**Kodiak Area
Native Association**



TABLE OF CONTENTS

1.0 INTRODUCTION	1-1
1.1. CONDITION SURVEY DATE AND PARTICIPANTS	1-1
1.2. CONDITION SURVEY GOALS	1-1
1.3. GENERAL CODE ISSUES	1-1
1.4. DEFICIENCY CODES	1-2
1.5. DEFICIENCY IDENTIFICATION	1-4
1.6. COMMUNITY PROFILE	1-4
1.7. EXISTING AND CONCEPTUAL MODIFICATION DRAWINGS	1-5
2.0 CIVIL / SITE CONDITIONS	2-1
2.1. SITE / CAMPUS DESCRIPTION	2-1
2.2. SITE UTILITIES	2-1
3.0 ARCHITECTURAL FINDINGS	3-1
3.1. ROOF ASSEMBLY	3-1
3.2. WALL ASSEMBLY	3-2
3.3. FLOOR ASSEMBLY	3-2
3.4. BUILDING CODE ANALYSIS	3-3
3.5. LIFE SAFETY ISSUES	3-3
3.6. AMERICANS WITH DISABILITIES ACT	3-3
4.0 CIVIL / STRUCTURAL FINDINGS	4-1
4.1. GRADING	4-1
4.2. FOUNDATION	4-1
4.3. FLOOR FRAMING	4-1
4.4. ROOF FRAMING	4-1
4.5. WALL FRAMING	4-1
5.0 MECHANICAL FINDINGS	5-1
5.1. PLUMBING	5-1
5.1.1. Domestic Water Systems	5-1
5.1.2. Sanitary Soil, Waste, and Vent	5-1
5.1.3. Storm Drains	5-2
5.1.4. Fuel Piping System	5-2

5.2. FIRE SUPPRESSION	5-2
5.3. HEATING SYSTEMS	5-2
5.4. SPECIALTY SYSTEMS - DENTAL	5-3
6.0 ELECTRICAL FINDINGS	6-1
6.1. ELECTRICAL DISTRIBUTION	6-1
6.2. LIGHTING	6-1
6.3. FIRE ALARM SYSTEM	6-2
6.4. TELECOMMUNICATION	6-2
7.0 CONCLUSION AND RECOMMENDATIONS	7-1
7.1. SUMMARY OF ARCHITECTURAL FINDINGS	7-1
7.2. SUMMARY OF CIVIL / STRUCTURAL FINDINGS	7-1
7.3. SUMMARY OF MECHANICAL FINDINGS	7-2
7.4. SUMMARY OF ELECTRICAL FINDINGS	7-2
7.5. RECOMMENDATIONS	7-2

APPENDIX A: DEFICIENCY TABLES & PHOTO LOGS

APPENDIX B: GENERAL PHOTOS

1.0 INTRODUCTION

The Ouzinkie Health Clinic, located in Ouzinkie, Alaska, is operated by the Kodiak Area Native Association (KANA). The City of Ouzinkie owns the site where this facility is located.

The Ouzinkie Health Clinic was built in 2000. The clinic is staffed by two Community Health Aides (CHA) with physicians, dentists, public health nurses (PHN) and dental hygienists visiting on a rotating basis. The clinic is essentially an urgent care facility, except when traveling health professionals are available, with operating hours of 9 am-3pm.

1.1. CONDITION SURVEY DATE AND PARTICIPANTS

The inspection took place on February 24-25, 2004. The inspection team consisted of Suzanne Manhire, Intern Architect, from Larsen Consulting Group (LCG); Jeff Scott, Mechanical Engineer from Hay, Zietlow and Associates (HZA); Julie Stoneking, Project Engineer from Alaska Native Tribal Health Consortium (ANTHC); and David Beveridge, Southern Regional Manager from Alaska Native Tribal Health Consortium (ANTHC).

1.2. CONDITION SURVEY GOALS

The inspection team focused on two primary tasks. First, identifying current code deficiencies and improvements that would extend the facility's serviceable life for years to come. The facility was assessed with respect to current fire and life safety codes, as well as accessibility standard compliance. Inspection of the existing building components and systems were based on visual, nondestructive methods. As a result, concealed construction or interiors of pipes were not inspected. No guarantee is made or implied that all code violations and/or worn or unsafe systems have been identified in this report.

Secondly, the inspection team worked with clinic staff, the Community Health Representative (CHR) and members of the Ouzinkie Tribal Council to identify areas of concern and to receive recommendations for correcting issues concerning use of spaces and general circulation of the clinic.

1.3. GENERAL CODE ISSUES

The facility condition survey was reviewed for compliance with the latest adopted edition of the following building codes:

State of Alaska Fire and Life Safety Regulations

IBC 2000	International Building Code
UMC 2000	Uniform Mechanical Code
UPC 2000	Uniform Plumbing Code
NFPA 70	National Electric Code

NFPA 25	Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems
NFPA 72	Fire Alarm Code
NFPA 101	Life Safety Code
ADA.....	Americans Disabilities Act

1.4. DEFICIENCY CODES

Deficiencies are categorized according to the following deficiency codes to allow the work to be prioritized for funding. The codes are as follows:

- 01 Fire and Life Safety:** _____ These deficiencies identify areas where the facility is not constructed or maintained in compliance with provisions of the state mandated life safety aspects of building codes including the Uniform Building Code, International Building Code, The Uniform Fire Code, NFPA 101, The Uniform Mechanical and Plumbing Codes and The National Electrical Code. Deficiencies could include inadequacies in fire barriers, smoke barriers, capacity and means of egress, door ratings, safe harbor, and fire protection equipment not covered in other deficiency codes.
- 02 Disability Access Deficiencies:** _____ The items with this category listing are not in compliance with the Americans with Disabilities Act. This could include non-compliance with accessibility in parking, entrances, toilets, drinking fountains, elevators, telephones, fire alarm, egress and exit access ways, etc.
- 03 Architectural M & R:** _____ Items affecting the architectural integrity of the facility, materials used, insulation, vapor retarder, attic and crawlspace ventilation, general condition of interiors, and prevention of deterioration of structure and systems.
- 04 Structural Deficiencies:** _____ These are deficiencies with the fabric of the building. It may include the foundations, the roof or wall structure, the materials used, the insulation and vapor retarders, the attic or crawl space ventilation and the general condition of interior finishes. Foundation systems are included in this category.

- 05 Mechanical Deficiencies:** _____ These are deficiencies in the plumbing, heating, ventilating, air conditioning, or medical air systems, interior mechanical utilities, requiring maintenance due to normal wear and tear that would result in system failure.
- 06 Electrical Deficiencies:** _____ These are deficiencies with normal or emergency power, electrical generating and distribution systems, interior electrical and communications utilities, fire alarm systems, power systems and communications systems within a building that should be repaired or replaced on a recurring basis due to normal wear and tear that would otherwise result in system failure.
- 07 Utilities M & R:** _____ This category is used for site utilities for incoming services to facilities that are required for the building to be fully operational. Deficiencies may include sewer and water lines, water wells, water tanks, natural gas and propane storage, electric power and telecommunications distribution, etc.
- 08 Grounds M & R:** _____ Real property grounds components that should be replaced on a recurring basis due to normal wear and tear. Deficiencies with respect to trees, sod, soil erosion, lawn sprinklers, parking, bridges, pedestrian crossings, fences, sidewalks & roadways, and site illumination etc. are considerations.
- 09 Painting M & R:** _____ Any painting project that is large enough to require outside contractors or coordination with other programs.
- 10 Roof M & R:** _____ Deficiencies in roofing, and related systems including openings and drainage.
- 11 Seismic Mitigation:** _____ Deficiencies in seismic structural items or other related issues to seismic design, including material improperly anchored to withstand current seismic requirements effect. The elements under consideration should include the cost incidental to the structural work like architectural and finishes demolition and repairs.

1.5. DEFICIENCY IDENTIFICATION

Deficiencies are referenced by discipline, first two letters of the community and then deficiency number. For example: Aou01 breaks down as follows, "A" indicates architecture as the discipline, "ou" indicates Ouzinkie as the community and "01" indicates the deficiency number referenced. A table, grouping all deficiencies by discipline is located in Appendix A. Deficiencies with associated photographs are referenced in **green**. A photo log of deficiencies is provided, with photos referenced by deficiency number.

1.6. COMMUNITY PROFILE



Ouzinkie

Information Obtained from the Alaska Department of Community and Economic Development (DCED) Community Database Online

Current Population:	170 (2003 State Demographer est.) 205 (2004 Community Health Aide est.)
Incorporated Type:	2nd Class City
Borough Located In:	Kodiak Island Borough
School District:	Kodiak Island Borough School
Regional Native Corporation:	Koniag, Incorporated

Location: Ouzinkie is located on the west coast of Spruce Island, adjacent to Kodiak Island. It lies northwest of the City of Kodiak and 247 air miles southwest of Anchorage. It lies at approximately 57.923610° North Latitude and -152.50222° West Longitude. (Sec. 15, T026S, R020W, Seward Meridian.) Ouzinkie is located in the Kodiak Recording District. The area encompasses 6.0 sq. miles of land and 1.7 sq. miles of water.

History: Ouzinkie became a retirement community for the Russian American Company. The Russians referred to the settlement in 1849 as "Uzenkiy," meaning "village of Russians and Creoles." In 1889, the Royal Packing Company constructed a cannery at Ouzinkie. Shortly afterward, the American Packing Company built another. In 1890, a Russian Orthodox Church was built, and in 1927, a post office was established. Cattle ranching was popular in the early 1900s. In 1964, the Good Friday earthquake and resulting tsunami destroyed the Ouzinkie

Packing Company cannery. Following the disaster, Columbia Ward bought the remains and rebuilt the store and dock, but not the cannery. The City government was incorporated in 1967. In the late 1960s, the Ouzinkie Seafoods cannery was constructed. The operation was sold to Glacier Bay, and burned down in 1976 shortly after the sale. No canneries have operated since.

Culture: Ouzinkie is an Alutiiq village. Commercial fishing and subsistence activities support the community.

Economy: Ouzinkie's economic base is primarily commercial salmon fishing. 26 residents hold commercial fishing permits. Almost all of the population depends to some extent on subsistence activities for various food sources. Salmon, crab, halibut, shrimp, clams, ducks, deer and rabbit are utilized.

Facilities: Water is supplied by a dam on Mahoona Lake and Katmai Creek, is treated and piped throughout the City. The system serves 80 homes and commercial facilities. A piped sewage system with septic tanks and outfalls is used for waste. Over 90% of all homes are completely plumbed. The City needs a 400,000-gallon water tank for adequate treatment and storage. Refuse is collected by the City. A new landfill site was recently completed. The community participates in a hazardous waste collection program, but would like a facility to recycle scrap metal.

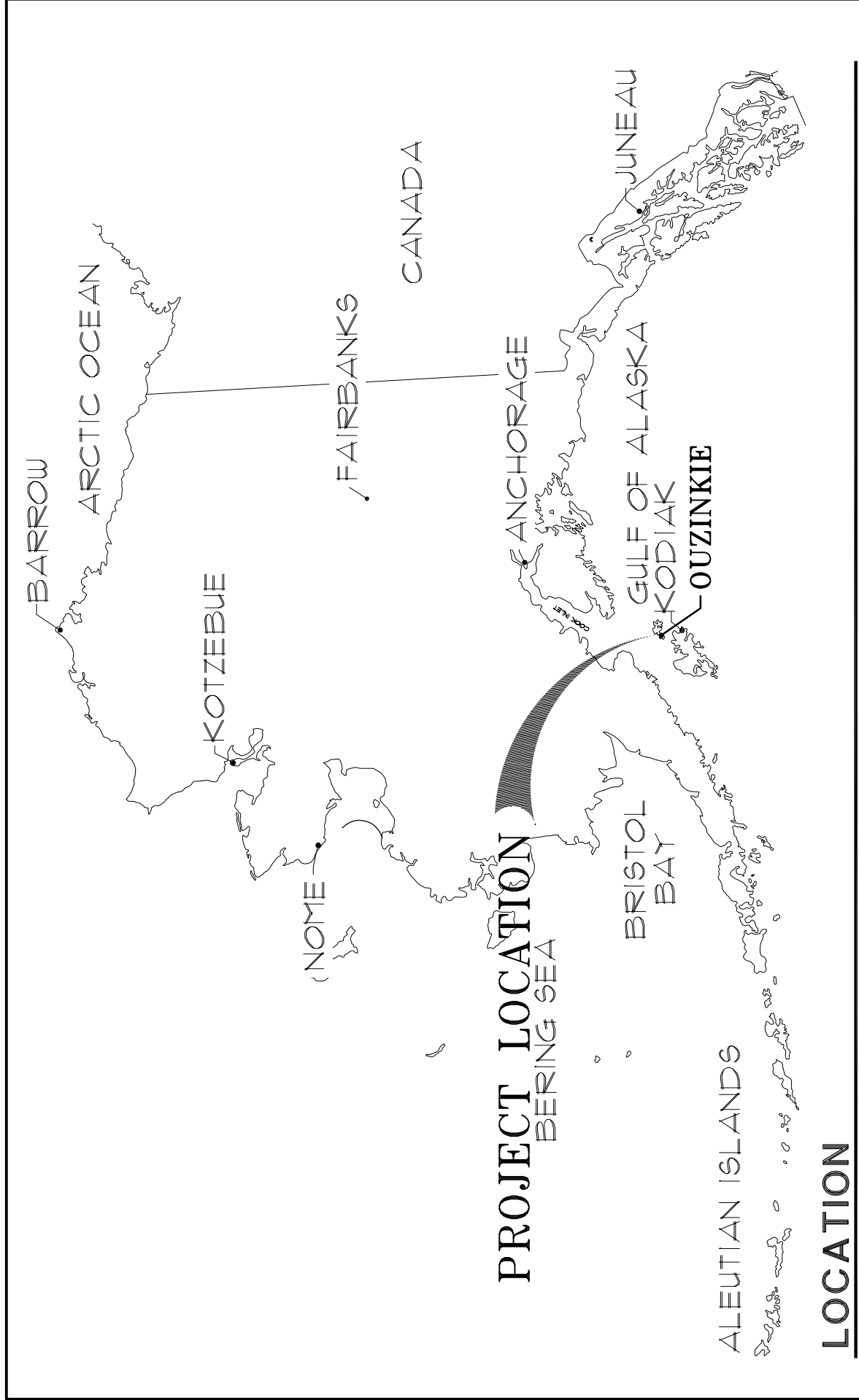
Transportation: The village is accessible by air and water. There is a State-owned 2,085' long by 80' wide gravel airstrip and a float plane landing area at Ouzinkie Harbor. Facilities include a breakwater, small boat harbor and dock. A new breakwater and small boat harbor are currently under design by the Corps of Engineers. Barges provide cargo delivery from Seattle and Kodiak.

Climate: The climate of the Kodiak Islands is dominated by a strong marine influence. There is little or no freezing weather, moderate precipitation, and frequent cloud cover and fog. Severe storms are common from December through February. Annual precipitation is 60 inches, with 87 inches of snowfall. Temperatures remain within a narrow range, from 32 to 62.

1.7. EXISTING AND CONCEPTUAL MODIFICATION DRAWINGS

Following this section we have attached drawings we have been able to identify, find, or create as part of this report.

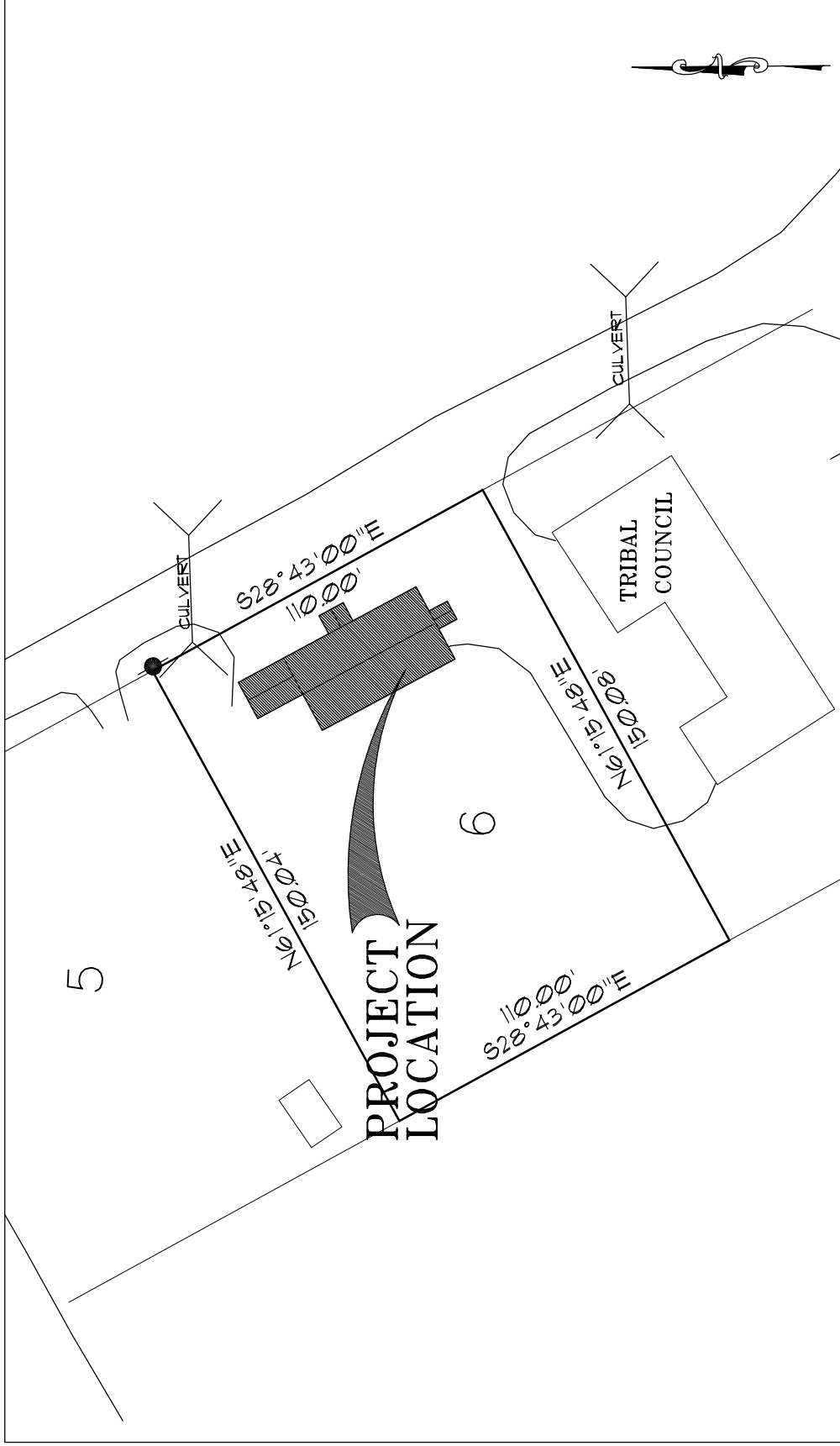
C1	Regional Site Map	A4	Proposed Site Plan
C2	Existing Site Plan	A5	Demolition Floor Plan
A1	Existing Floor Plan	A6	Proposed 835 SF Addition
A2	Existing Wall Section	A7	Proposed 1260 SF Addition
A3	Large Prototypical Clinic		



LOCATION

SCALE: NTS

		<p>FACILITY ASSESSMENT AND INVENTORY SURVEYS</p> <p>OZINKIE</p> <p>ALASKA NATIVE TRIBAL HEALTH CONSORTIUM</p>	<p>DESIGNED BY:</p> <p>DATE: 02/25/04</p> <p>SCALE: NTS</p> <p>JOB NO: 22335</p>	<p>SHEET</p> <p>C1</p>
---------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------	------------------------



EXISTING SITE PLAN

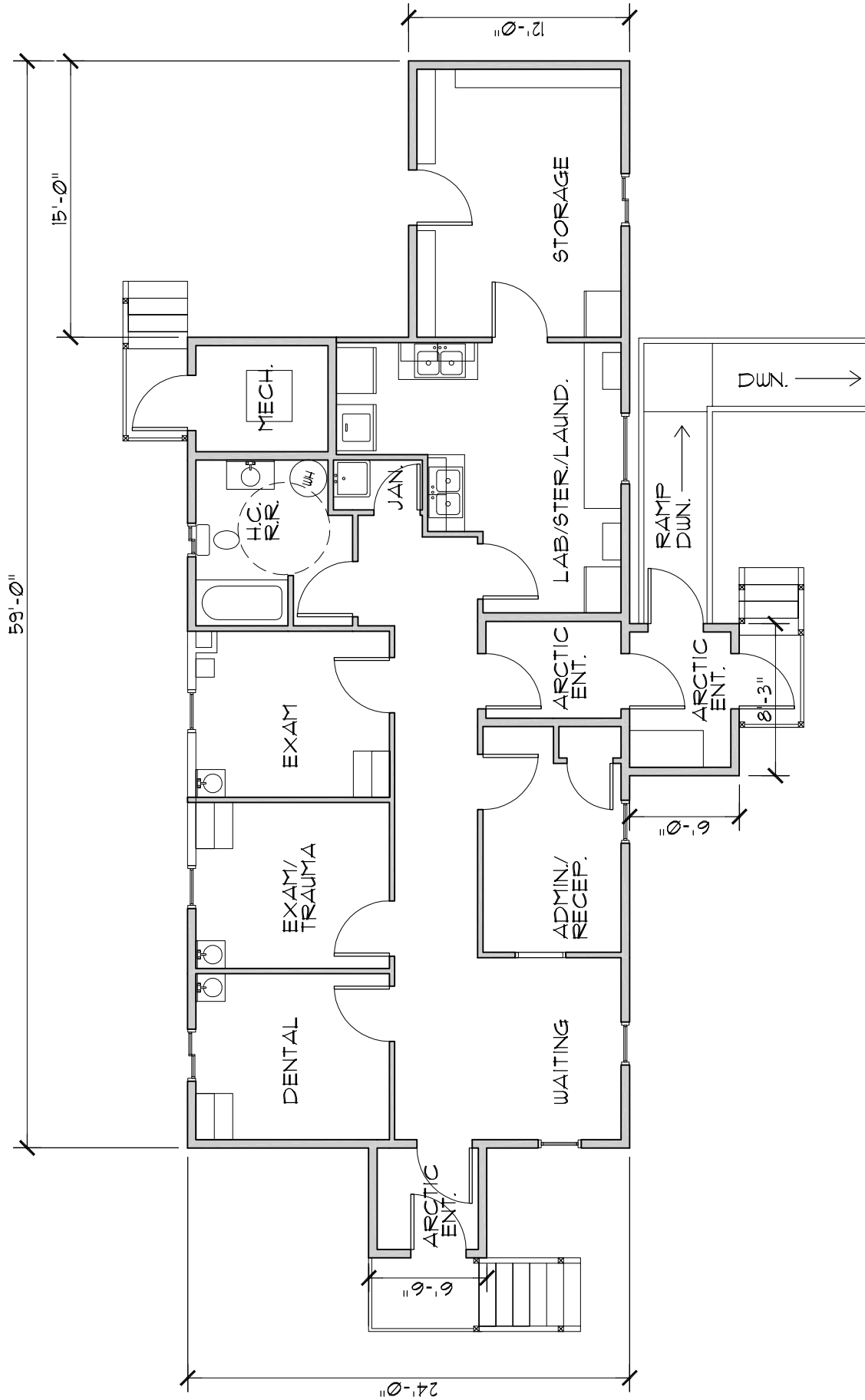
SCALE: NTS



FACILITY ASSESSMENT AND
INVENTORY SURVEYS
FOR OUZINKIE
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

DESIGNED BY:
DATE: 02/25/04
SCALE: NTS
JOB NO: 22335

SHEET
C2



EXISTING FLOOR PLAN

SCALE: 1/8" = 1'-0"



LCCG Inc.
LARSEN CONSULTING GROUP
architecture • engineering • surveying

FACILITY ASSESSMENT AND
INVENTORY SURVEYS
FOR OUZINKIE
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

SHEET

A1

DESIGNED BY:

DATE: 02/25/04

SCALE: 1/8" = 1'-0"

JOB NO: 223.35

TYP. ROOF/CEILING ASS'Y

24 GA. METAL ROOFING
15# BLDG. FELT
1/2" OSB
PRE-ENG. TRUSSES @ 2'-0" O.C.
R-19 FIBERGLASS BATT INSUL.
6 mil. VAPOR RETARDER
5/8" TYP "X" GYP. BD.
ACOUSTIC TILE

VENT @ EVERY OTHER
TRUSS SPACE (4'-0" O.C.)

1/2" CDX PLYWOOD SOFFIT

TYP. EXTERIOR WALL ASS'Y

VINYL SIDING
AIR INFILTRATION RETARDER
1/2" CDX PLYWOOD
2X6 @ 16" O.C.
R-19 FIBERGLASS BATT INSUL.
6 mil. VAPOR RETARDER
5/8" GYPSUM WALL BOARD

TYP. FLOOR ASS'Y

SHEET VINYL
3/8" UNDERLAYMENT
3/4" T&G PLYWOOD
2X12's @ 24" O.C.
INSULATION
6 mil VAPOR RETARDER
3/8" PLYWOOD SOFFIT

2X12's IN SIMPSON HANGERS AT CENTER GLB

2X6 BLOCKING

1/2" CDX PLYWOOD

2X4 @ 24" O.C. SKIRTING FRAMING

GLB 3 5/8 X 9 W/ SIMPSON CC

15" Ø DOUG. FIR PILE

EXISTING WALL SECTION

SCALE: NTS



DRAWING NAME:

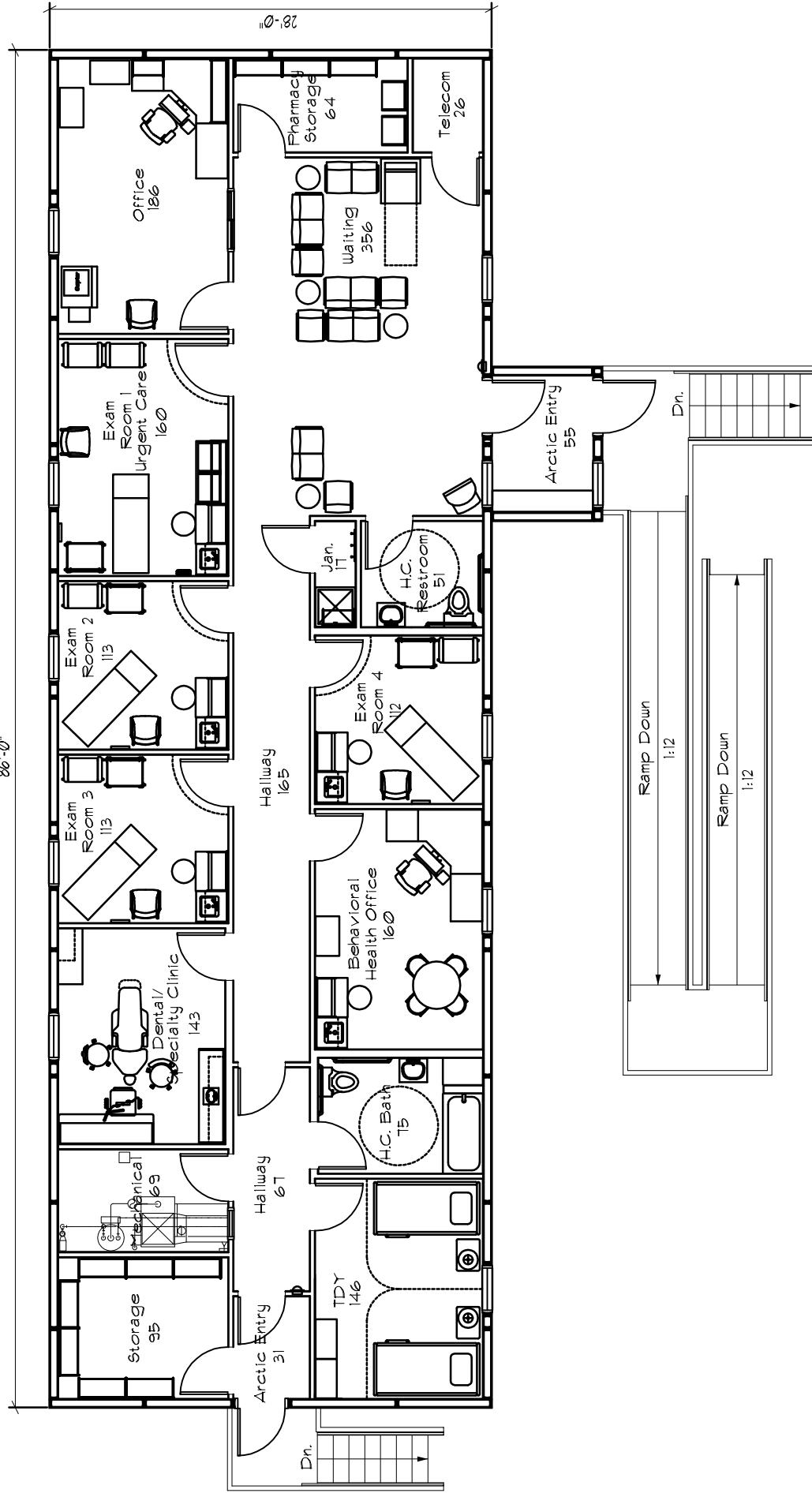
FACILITY ASSESSMENT AND
INVENTORY SURVEYS
FOR OUZINKIE

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

DESIGNED BY: WS
DATE: 02/25/04
SCALE: NTS
JOB NO: 22335

SHEET
A2

86'-0"



LARGE DENALI COMMISSION PROTOTYPE

2500 S.F.

SCALE: 1/8" = 1'-0"

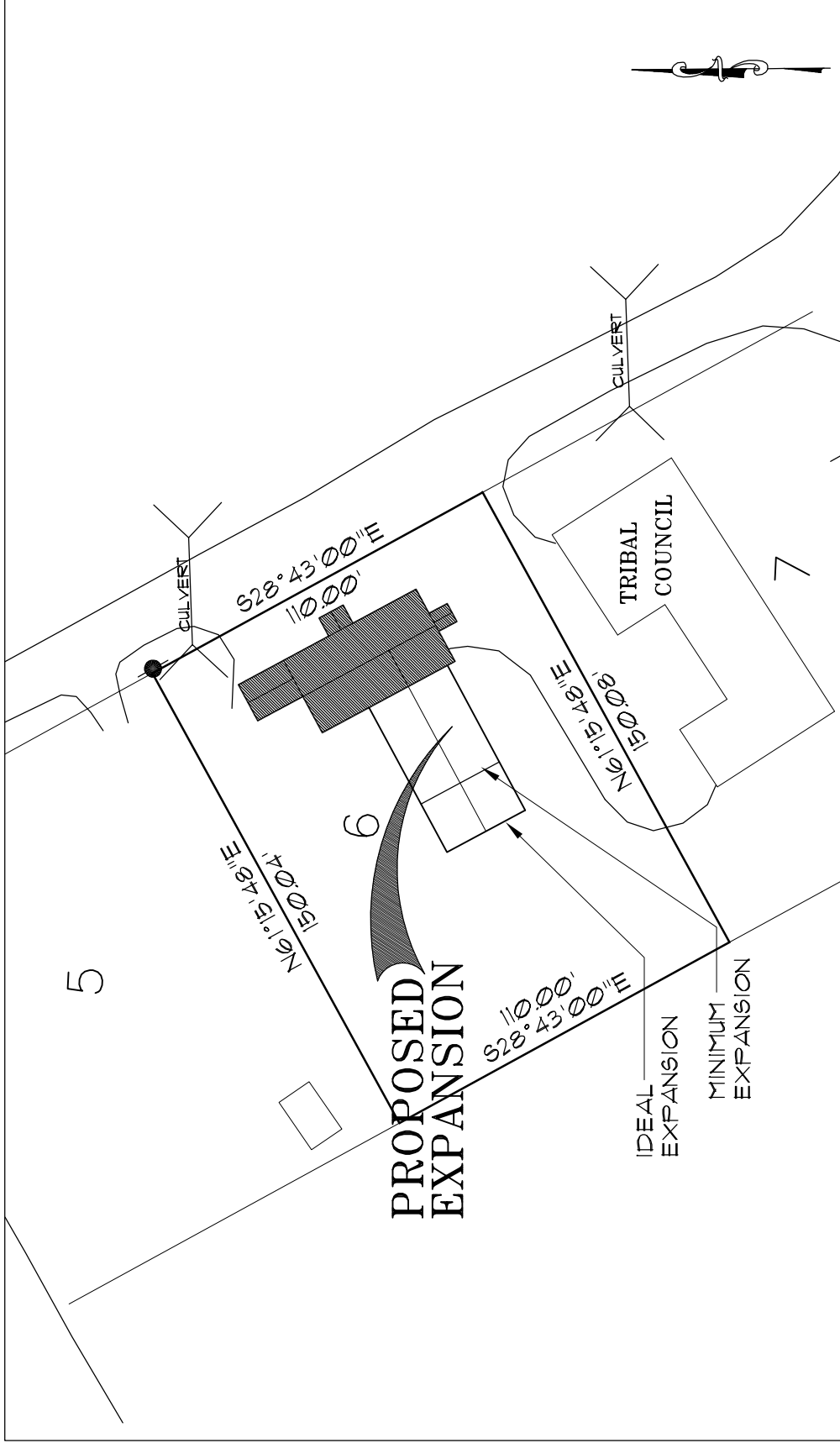


LCCG Inc.
LARSEN CONSULTING GROUP
architecture • engineering • surveying

FACILITY ASSESSMENT AND
INVENTORY SURVEYS
FOR OUZINKIE
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

SHEET
A3

DESIGNED BY:
DATE: 02/25/04
SCALE: 1/8" = 1'-0"
JOB NO: 223.35



PROPOSED SITE PLAN

SCALE: NTS



LCCG, Inc.
LARSEN CONSULTING GROUP
architecture · engineering · surveying

FACILITY ASSESSMENT AND
INVENTORY SURVEYS
FOR OUZINKIE
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

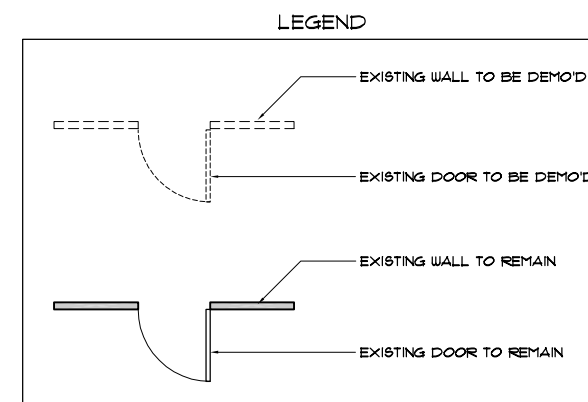
DESIGNED BY:

DATE: 03/15/04

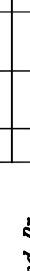
SCALE: NTS

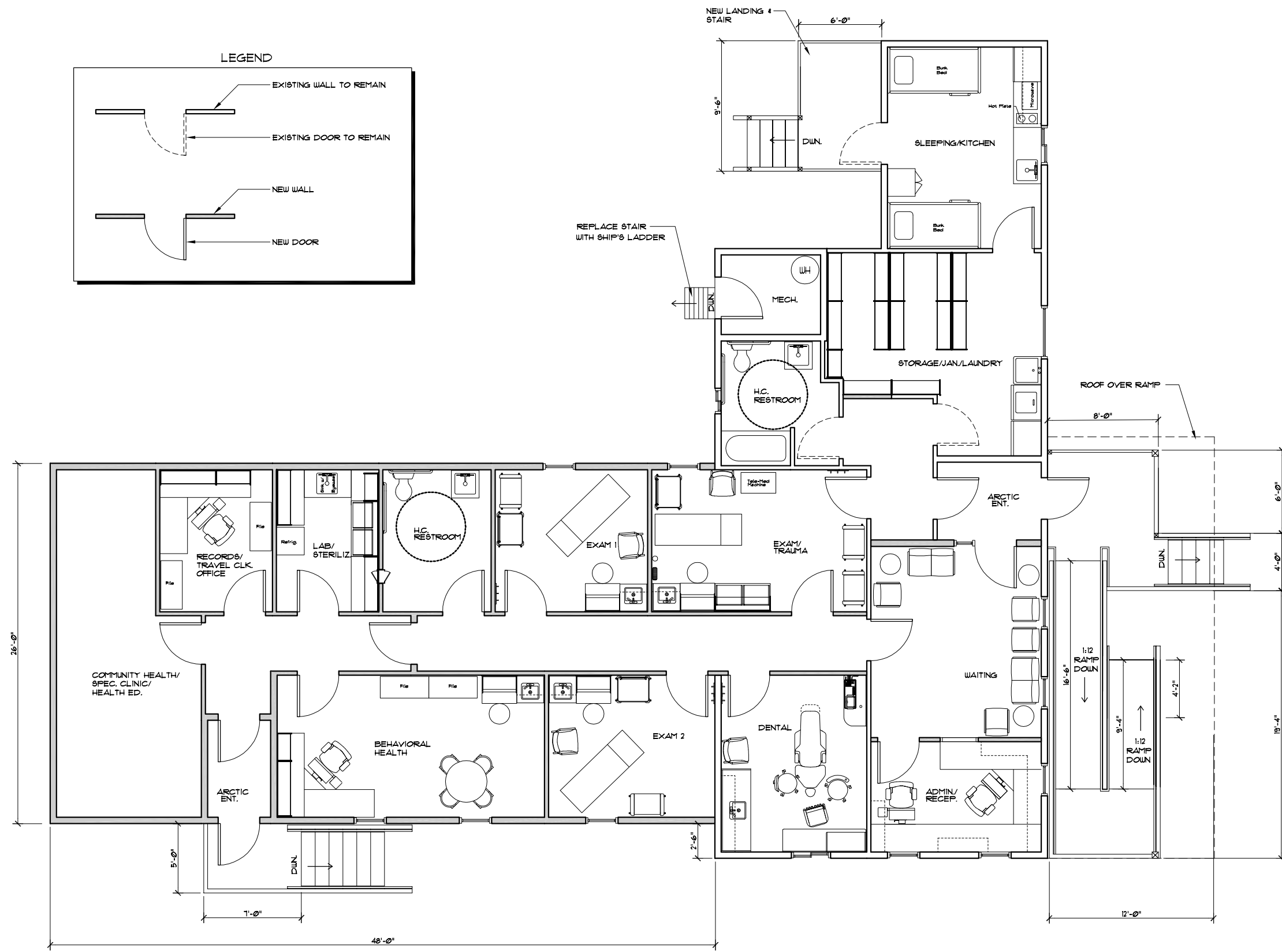
JOB NO: 22335

SHEET
A4



SCALE: 1/8" = 1'-0"

<p>OUZINKIE HEALTH CLINIC</p> <p>DEMOLITION PLAN</p>		 <p>LGG, Inc. LARSEN CONSULTING GROUP <i>architecture · engineering · surveying</i></p>		<p>3710 Woodland Dr. Suite 2100 Anchorage, AK 98517 (907) 243-8965</p>		8/3/04		REVIEW COMMENT		REVISION	
SCALE: AS SHOWN		DESIGNED BY:		DRAWN BY: SM		CHECKED BY:		DATE: 03/15/04		FILE NO. 223.35	
SHEET NUMBER		A5		OF 7				NO. DATE		BY REVISION	



OPTION 2 - PROPOSED 1260 SF ADDITION

SCALE: 1/8" = 1'-0"

OUZINKIE HEALTH CLINIC OPTION 2 - PROPOSED 1260 SF ADDITION		3710 Woodland Dr. Suite 2100 Anchorage, AK. 99517 (907) 243-8985	
LCGG, Inc. LARSEN CONSULTING GROUP architecture • engineering • surveying		REVIEW CONTENT REVISIONS 8/9/04	
SCALE: AS SHOWN	DESIGNED BY:	NO.	DATE
DRAWN BY: SM	CHECKED BY:	BY	REVISION
DATE: 03/15/04	FILE NO. 223.35		
SHEET NUMBER			
A7	OF 7		

2.0 CIVIL / SITE CONDITIONS

2.1. SITE / CAMPUS DESCRIPTION

The City of Ouzinkie owns the site on which the Ouzinkie Health Clinic is located. In July 2004, the Ouzinkie Tribal Council acquired a 30-year lease for \$1 per year for land and the existing clinic. The Tribal Council hall has recently been built on an adjacent lot and the two facilities share a driveway.

The site has grading potential, with adequate existing slope, but there are soil drainage issues. There is a drainage ditch on the north edge of the property, but it hasn't been maintained and isn't performing as it should (*Cou01*). Consequently there is a fair amount of standing water on the site in general (*Cou04*), but specifically around all the stairs and in the area used for parking (*Cou02*). There is no designated parking so there is some conflict between vehicular and pedestrian traffic. There are often vehicles parked directly in front of the main entrance (*Cou03*). The main entrance is not accessible to those with disabilities, so parking designation is not currently a strong concern. With the addition of a ramp to this entrance, there will need to be some signage providing for handicap parking and access. The building is substantially above grade, as it was built on piers; only the ramp into the building is not ADA compliant. Additionally, the soil consists of boggy ground and big rocks which is problematic for wheelchair access.

2.2. SITE UTILITIES

Power: Electrical power is provided by the village power system. The service pole is located near the northeast corner of the building, with the transformer mounted on the pole and power routed to the building overhead. A combination meter/building disconnect is mounted on the north side of the building, about 7 feet off the ground. The service is 100 amp, 120/240 volt, single phase.

Telecommunication Systems: The building telephone service is routed overhead from the same utility pole as the electrical service. The phone service has the capacity for 6 lines. Wiring for phone jacks in the office, Lab and exam rooms is routed below the floor structure in the crawlspace.

Fuel Oil Requirements and Capacity: The building uses fuel oil for service to the heating system. The fuel tank, a single wall type, is located directly adjacent to the building. The tank is located on a 5-foot high stand. The tank capacity is approximately 500 gallons and appears to be in good condition.

Water Distribution: Domestic water is provided to the clinic by the village water system. The water service enters the building near the southwest corner, where the main shut-off valve is located in an insulated box. The water service is 3/4" size, operating at a pressure of approximately 50 psi.

Sewage Disposal: The sanitary waste system is a gravity system discharging into the village sewer system. The main waste piping runs below the floor structure in the un-heated crawlspace and discharges out at the south-east corner of the building. A building cleanout is

located just outside the exterior wall, as required by the plumbing code. Waste piping is ABS plastic with no-hub fittings, with chrome-plated brass and PVC piping used at fixture traps.

3.0 ARCHITECTURAL FINDINGS

The Ouzinkie Health Clinic is a single story structure, with crawl space, comprising a total area of approximately 1,320 square feet. The clinic accommodates all major functions including emergency/trauma room, a dental room, a general exam room, administrative areas and other miscellaneous support rooms.

The structure was originally built in 2000. The materials and construction of the building appear to be of good quality, except in the stairs, ramp and landings where the materials are inappropriate for the climate. The stairs, ramp and landings are deteriorating, in some cases to the point of being dangerous (*Aou05 & Aou06*), and are not providing safe access as they should. There are also some deficiencies in the insulation and ventilation of the attic space. The insulation in the attic is in some places completely missing and in most areas inadequate (*Aou26*). Provision has been made for ventilation, but this too is inadequate (*Aou27*). The windows and doors are for the most part well maintained, though some could use attention (*Aou24*). The siding, roof and skirting are in good condition. Aesthetically, the facility would be very pleasing with maintenance to the stairs, ramp and landings.

The interior is kept clean and shows the pride of the people that work there, although there is a need for efficient use of space to store supplies and equipment to alleviate clutter (*Aou11 & Aou13*). The building's finished materials on the floors, walls and ceilings are suitable for the clinic. The fixtures, doors, and casework are not appropriate for the clinic. The doors do not provide noise attenuation, the fixtures are not ADA compliant and the casework is residential in nature rather than medical. Aesthetically the interior feels comfortable, but crowded.

Overall the facility is lacking adequate space for many of its current functions and is completely missing some rooms that are needed. Specifically, the trauma room is undersized (*Aou20*) and inaccessible to stretcher access (*Aou03*); the present restroom isn't ADA compliant (*Aou17*) and there should be two compliant restrooms; there is no secure records storage (*Aou12 & Aou14*) nor is there adequate administrative office space (*Aou19*); there is not provision for traveling health professionals in either sleeping space or work space (*Aou08, Aou09 & Aou10*); and there is no space for specialty clinics or health education. Additionally, there is no emergency eye wash in the facility (*Aou29*). The clinic can also be improved functionally. (See Proposed Additions A6 & A7)

There were no record drawings available to review original construction of roof, wall and floor assemblies. The following building assemblies are derived from non-invasive site observations.

3.1. ROOF ASSEMBLY

Roof assembly is from exterior to interior as follows:

- ✦ Metal Roofing - 3 years old (Original)
- ✦ ½" OSB
- ✦ Pre-fabricated truss at 24" O. C.
- ✦ R-19 Fiberglass Batt Insulation
- ✦ 6 mil. Vapor Retarder

- ✦ 5/8" Type "X" GWB
- ✦ Acoustic Tile

3.2. WALL ASSEMBLY

Exterior wall assembly components are listed from interior to exterior as follows:

- ✦ 5/8" type "X" GWB
- ✦ 6 mil. Vapor Retarder (Assumed)
- ✦ 2"x6" Studs at 16" O. C.
- ✦ R-19 Fiberglass Batt Insulation (Assumed)
- ✦ 1/2" CDX Plywood Sheeting
- ✦ Air Infiltration Retarder (Assumed)
- ✦ Vinyl Siding

Typical interior wall assembly components are as follows:

- ✦ 5/8" type "X" GWB
- ✦ 2" x 4" wood studs.
- ✦ 5/8" type "X" GWB

3.3. FLOOR ASSEMBLY

Floor assembly listed from interior to exterior are as follows:

- ✦ Sheet Vinyl
- ✦ 3/8" Underlayment (Assumed)
- ✦ 3/4" T&G plywood (Assumed)
- ✦ 2"x12" joists at 24" O.C.
- ✦ R-30 (estimated) fiberglass batt insulation between joists
- ✦ 6 mil. vapor retarder
- ✦ 3/8" CDX Plywood Soffit
- ✦ GLB 3 5/8 x 9 w/ Simpson CC
- ✦ 15" dia. Doug. Fir Pile
- ✦ 6 mil. vapor retarder

3.4. BUILDING CODE ANALYSIS

Applicable Codes	American with Disabilities Act (ADA) International Building Code (IBC) – 2000 Edition International Fire Code (IFC) - 2000 Edition
Construction Type	VB (Combustible Wood, No Fire Resistance and No Sprinklers)
Occupancy Classification	R-3 Residential (IBC Section 310 & 101.2)
Allowable Square Footage	R-3 Occupancy - Unlimited 3 Stories Allowable, 1 Actual (IBC Table 503 and 302.3.3)
Actual Building Square Footage	First Floor: 1,320 Total Square Footage: 1,320

3.5. LIFE SAFETY ISSUES

Architectural life safety issues appear to be minimal; however there are several disability access deficiencies that can result in life safety concerns. The major exits from the Ouzinkie Health Clinic provide inadequate or no egress for those with disabilities. There is equipment stored in the only accessible egress route (*Aou18*). There is an exterior door leading from the storage room that has no landing, stair or ramp; the drop from finish floor to grade is 3'-0" (*Aou01*).

3.6. AMERICANS WITH DISABILITIES ACT

The building lacks many of the required ADA design guidelines.

Handicap access is provided at grade for the front entrance via ramp but that entrance is always locked (*Aou07*). Additionally the ramp is not ADA compliant (*Aou02*). It lacks a landing at the top of the ramp and 12" railing extensions at the top and bottom of all slopes. The slope is greater than the maximum allowable 1:12 slope and the step from grade to ramp surface is greater than the maximum allowable 1/4".

All the handrails, whether for ramp or stair, are lacking 12" extensions at the top and 23" extensions at the bottom of slope (*Aou04*). The door swings in the Main entrance arctic entry are incorrect, encroaching upon the 4'-0" minimum required space between doors in a series (*Aou21*).

There is only one restroom in the entire facility and that restroom is not fully ADA compliant. It lacks the required wheelchair maneuvering space (*Aou15*), lever hardware for doors and fixtures (*Aou16*), adequate grab bars and plumbing protection under counter spaces.

The entire facility is lacking lever hardware for both interior and exterior doors (*Aou22 & Aou23*).

ADA restroom and general issues are addressed in the Proposed Concept Remodel Plan. (See Proposed Additions A6 & A7)

4.0 CIVIL / STRUCTURAL FINDINGS

Without destructive investigation into enclosed assemblies, review of a building insofar as its structural integrity is based on what is not seen. In other words, if there was a structural issue there would usually be telegraphic signs such as cracked wall board, truss separation at the top plate, foundation cracking or jacking, un-level floors etc. The Ouzinkie Clinic shows no such signs of structural failures or concerns. The materials used are appropriate for the site and construction appears sound.¹

4.1. GRADING

The site has a visible slope, yet maintains a fair amount of standing water. There is a drainage ditch at the north edge of the property that doesn't appear to have been maintained. The standing water greatly increases where the ditch terminates in debris build up. The site is elevated on the North-east side with slopes toward the building. The standing water is mainly present at the back of the building where there has been minimal civil engineering and at the edge of the lot adjacent to the Tribal Council building which has been graded.

4.2. FOUNDATION

Foundation showed no evidence of settlements. There is some minor deterioration of the metal Simpson connectors as a result of the humid climate.

4.3. FLOOR FRAMING

The framing appears to be very sound and is suitable for the intended use.

4.4. ROOF FRAMING

The roof framing is a pre-manufactured wood truss system and appears to be suitable for the application. No visible distressing was noted.

4.5. WALL FRAMING

The walls in the building show very little to no amount of distressing such as sheetrock cracking or buckling. The wall support system appears to be functioning properly.

¹ A thorough structural evaluation was not conducted for this report. The items contained in this section of the report are general observations by the Architect. A thorough detailed report of structural connections and deficiencies will be necessary when a remodel of the existing clinic is designed.

5.0 MECHANICAL FINDINGS

5.1. PLUMBING

5.1.1. Domestic Water Systems

Domestic water is provided to the clinic by the village water system. The water service enters the building near the southwest corner, where the main shut-off valve is located in an insulated box. The water service is 3/4" size, operating at a pressure of approximately 50 psi.

Piping appears to be run within either the floor structure space or wall assemblies. Piping appears to consist of CPVC plastic: the only visible piping was at the water heater, where CPVP supply piping in the while transitioned to flexible copper connectors at the water heater hot and cold water inlets. All other hot and cold water piping is concealed with wall and/or floors.

Plumbing fixtures consist of a single water closet, bathtub/shower, two-compartment sink and clothes washing machine in the Lab, laundry-type sink in the Janitor closet, and lavatories in the exam rooms. The fixtures are typically residential-type, not in compliance with ADA regulations (*Mou01*). The water closet, a round-front type with closed front seat, does not comply with the plumbing code which requires an elongated water closet with split-front seat (*Mou02*). There are no exterior hose bibs.

Hot water is provided by a single electric water heater with 50-gallon capacity and 4,500-watt input rating. The water heater is located in the toilet room. It does not have any seismic restraints, a violation of the plumbing code (*Mou03*). The pressure relief valve is fitting with a discharge pipe routed through the floor to discharge into the crawlspace. The water heater does not have an expansion tank with check valve on the cold water line to ensure constant pressure in the tank.

The bathtub/shower does not have a pressure balance or thermostatic mixing type valve to help prevent scalding, a requirement of the plumbing code (*Mou04*).

5.1.2. Sanitary Soil, Waste, and Vent

The sanitary waste system is a gravity system discharging into the village sewer system. The main waste piping runs below the floor structure in the un-heated crawlspace and discharges out at the south-east corner of the building. A building cleanout is located just outside the exterior wall, as required by the plumbing code. Waste piping is ABS plastic with no-hub fittings, with chrome-plated brass and PVC piping used at fixture traps.

None of the plumbing fixtures are individually vented and thus do not meet plumbing code requirements. The fixtures have S-traps instead of P-traps; S-traps are prohibited by the plumbing code (*Mou05*). The only vent on the plumbing system is a 4" vent pipe located downstream of the fixtures in the toilet room. This vent connects the 4" main waste pipe in the crawlspace to a 4" vent through the roof (*Mou06*). This installation does not meet code requirements, since each individual fixture must have a vent pipe installed on the trap arm, downstream of the p-trap, prior to the fixture waste pipe connection to the main waste.

With the exception of the main building cleanout, there are no other cleanouts in the waste piping. Code requires cleanouts at the upper end of each main and branch pipe (*Mou07*).

5.1.3. Storm Drains

The building has a sloped roof and thus does not have internal storm drains. Gutters are used along roof edges to direct rainwater to discharge points.

5.1.4. Fuel Piping System

The building uses fuel oil for service to the heating system. The fuel tank, a single wall type, is located directly adjacent to the building. The tank is located on a 5-foot high stand. The tank capacity is approximately 500 gallons and appears to be in good condition. However, there are no provisions for spill prevention (such as an overfill containment basin on the fill), no tank fuel level gauge, and the bottom-outlet fuel supply piping is inadequately supported (*Mou08 & Mou09*).

Fuel oil piping consists of a single pipe (supply only, no return line) system with ¾" steel supply piping from the tank to the crawlspace, and 3/8" O.D. soft copper tubing from the crawlspace to the furnace burner. The supply pipe has a filter, but no oil safety valve (to prevent siphoning of fuel in the event of a line break) and no fusible valve (to shut off flow of fuel in the event of a fire). The oil supply does not have a fuel oil de-aerator (*Mou10*).

5.2. FIRE SUPPRESSION

The building does not have a fire sprinkler system.

5.3. HEATING SYSTEMS

Heat is provided to the building using a single fuel-oil fired forced-air furnace. The furnace is installed in an upflow configuration with supply air at the top, return air at the lower right-hand side. Warm air is distributed to ceiling grilles in each room in the clinic, and the furnace is controlled with a wall-mounted thermostat located in the hallway which cycles the burner and blower on a call for heating.

Return air is pulled from the toilet room, a situation prohibited by the mechanical code (*Mou11*). A duct open to the cold, ventilated attic space intersects with the main furnace return air, presumably for supplying outside air for ventilation, although this is not recommended. The duct opening is not screened. The outside air duct should extend directly to the exterior to avoid pulling any fiberglass particles (from the fiberglass batt roof insulation) into the duct system (*Mou12*). In addition, there are no balancing dampers to control the amount of outside air. Too much outside air will lower the temperature of the air returning to the furnace which can, over time, damage the heat exchanger, as well as imposing a larger heating load than necessary on the furnace (*Mou13*).

The return air side of the furnace does not have a filter (*Mou14*). The furnace flue is a single-wall pipe and is corroded to the point where replacement is recommended (*Mou15*). The flue does not have an insulation shield at the roof penetration, nor does it have adequate clearance to combustible wood construction as required by code (*Mou16*).

The furnace room has a single combustion air opening in the door, but two openings are required by the mechanical code, one located within the upper 12" of the room and the other within the lower 12". The single existing opening does not meet either (*Mou17*).

A ceiling grille is missing in the back storage room (*Mou18*).

The supply air ductwork is routed in the cold attic space. The ductwork is not insulated, which increases heat loss from the warm air in the duct (*Mou19*). This wastes heat and increases fuel usage.

Exhaust fans are located in the toilet room and Janitor closet. Exhaust from the toilet room fan is ducted to a roof exhaust cap, but exhaust from the Janitor closet fan is discharged into the attic space (*Mou20*). Per code, all exhaust must discharge to the exterior.

5.4. SPECIALTY SYSTEMS - DENTAL

An air compressor serving the dental procedures room is located outside the building. There are no hard pipe connections for power or air—the air compressor is only used at those occasions when a dentist comes to the village. With no hard connections, air piping and an extension cord for power must be routed through an open window into the dental room.

6.0 ELECTRICAL FINDINGS

6.1. ELECTRICAL DISTRIBUTION

Electrical power is provided by the village power system. The service pole is located near the northeast corner of the building, with the transformer mounted on the pole and power routed to the building overhead. A combination meter/building disconnect is mounted on the north side of the building, about 7 feet off the ground. The service is 100 amp, 120/240 volt, single phase. The disconnect is only about 12" from the closest edge of the fuel oil tank. NFPA requires that the fuel tank be a minimum of 3 feet away from the electrical disconnect (*Eou01*).

The building has a single 100-amp panel, mounted in the Lab back-to-back with the meter/disconnect on the outside wall. The panel is fed with three #2 AWG copper feeders, type XHHW-2. The panel has space for 24 circuit breakers; currently there is one spare breaker and 6 empty spaces.

The grounding and neutral conductors in the panel are not separated; both are connected to the neutral bus bar. The grounding conductors should be separated and be connected to the ground bus bar (*Eou02*).

The electrical panel does not have unobstructed 36" clear space in front of it as required by the electrical code. The clothes washing and drying machines partially intrude into the required clear space (*Eou03*).

All branch circuits are fed from the panel with non metallic-sheathed cable conductors (commonly called Romex). The electrical code does not permit the use of NM cable in areas used for patient care, so although it is acceptable in offices, storage areas and toilet rooms, it is not permitted in exam rooms or dental rooms (*Eou04*).

Junction boxes in the attic that provide power to the two exhaust fans do not have covers (*Eou05*).

The number of installed receptacles does not appear to meet the needs of the clinic. Most of the receptacles are full, and 6-outlet power strips are used in several locations. In addition, extension cords appear to be used as permanent means of providing power to equipment. The Electrical code does not allow extension cords to be except on a temporary basis (*Eou06*).

There are no exterior receptacles.

6.2. LIGHTING

Lighting for the clinic consists primarily of surface-mounted fluorescent fixtures with two 4-foot T-12 tubes. Surface-mounted fixtures with incandescent bulbs are used in the Arctic entries and the furnace room. Lighting fixtures in general appear to be in good condition, although lenses should be cleaned.

Outside lighting is limited to fixtures mounted above exterior doors.

Exit lights are installed at both exits.

A single emergency light was installed originally, at the sound end of the hallway. However, the light fixture has been removed (*Eou07*). It is unlikely that a single emergency light is sufficient to meet the minimum required 1- foot candle lighting level throughout the entire hallway.

6.3. FIRE ALARM SYSTEM

The building does not have a fire alarm system. Smoke detectors are installed in two locations, the main hallway and the Lab.

6.4. TELECOMMUNICATION

The building telephone service is routed overhead from the same utility pole as the electrical service. The phone service has the capacity for 6 lines. Wiring for phone jacks in the office, Lab and exam rooms is routed below the floor structure in the crawlspace.

There is currently no computer data system in the building. The health aide has requested that a data system with data jacks in each Exam room, Office and future Trauma, Dental and Behavioral Health offices be provided in order to allow use of the clinic's telemedicine equipment. Currently this equipment cannot be used due to the lack of a data system.

7.0 CONCLUSION AND RECOMMENDATIONS

7.1. SUMMARY OF ARCHITECTURAL FINDINGS

Architectural findings and analysis were focused on life safety/code issues, Americans with Disabilities Act compliance and facility space functions/efficiencies specifically related to the operations of the clinic.

There are several life safety and ADA issues pertaining to this facility. Most are defined in their respective structural, mechanical and electrical sections of this report.

In regards to ADA compliance, this facility is in violation with most of the ADA design guidelines. The restroom does not fully comply. Maneuvering space, inappropriate fixtures, and lack of adequate entry and egress account for many of the obstacles encountered by the handicapped. However, with modifications, as shown in (See Proposed Additions A6 & A7), all of these issues can be addressed for partial to full compliance.

Six major concerns that must be addressed in a proposed remodel were presented by the physician and staff:

1. Provide a Sleeping area with kitchen for visiting health providers.
2. Provide better patient privacy. This should be provided through more secure records storage, as well as the installation of acoustical doors and walls in the patient treatment/exam rooms, corridors and patient waiting area.
3. Provide access for a stretcher from the Emergency access to the Trauma Room. The current lack of maneuverability presents a threat of clinic and EMS staff injury which could become an OSHA issue.
4. Provide designated spaces for Dental and Behavioral Health.
5. Provide more efficient storage. This should address the present lack of secure narcotics storage which violates the Narcotics Control Act, as well as the current use of needed work space for storage.
6. Provide or expand office space to include work space for visiting health providers.

The functional upgrades recommended in this report will help alleviate ADA concerns as well as upgrade inappropriate fixtures and correct inefficient uses of space. The overall "architectural" condition of the facility has been maintained and kept clean and does not adversely affect the delivery of effective health care.

7.2. SUMMARY OF CIVIL / STRUCTURAL FINDINGS

The structure doesn't have any visible evidence of deterioration or failure. It appears to be sound and of quality construction.

A thorough structural evaluation was not conducted for this report. A thorough detailed report of structural connections and deficiencies will be necessary when a remodel/addition of the existing clinic is designed.

The site has some visible drainage issues. There is standing water on a large portion of the site.

7.3. SUMMARY OF MECHANICAL FINDINGS

The clinic has a number of serious problems with the mechanical systems, and various minor problems. If the facility is remodeled, these problems should be addressed in order to bring the building into compliance with the mechanical and plumbing codes.

Major problems include: lack of vents at individual plumbing fixtures, residential style fixtures instead of commercial type, lack of cleanouts on waste piping, inadequate safety valves and over-fill spill prevention on the fuel tank, improper installation of outside and return air ductwork at the furnace, corroded furnace flue, and inadequate combustion air supply for the furnace.

7.4. SUMMARY OF ELECTRICAL FINDINGS

Although the electrical system appears to be in good condition, several code deficiencies are evident that should be addressed under any renovation or addition work. NM cable has been used for power into patient rooms, wiring at the panel is not per code, insufficient clearance was provided for the panel and the main building disconnect on the exterior wall, there is a lack of electrical receptacles in several rooms, requiring the user to use extension cords and power strips, and emergency lighting is inadequate and/or missing.

7.5. RECOMMENDATIONS

Based on the overall fair to good condition of the existing facility, the review team recommends that the Ouzinkie Clinic be renovated and added on to, as opposed to replaced. The following options breakdown anticipated construction costs depending on the overall size of the final envisioned facility: Rough Order of Magnitude square footage costs for new and renovation work is based on similar constructions costs of villages in the same region.

Option 1: Small Addition

• Code & Condition Repairs/Renovations	\$31,350
• Remodel/Upgrade Work.....	\$105,600
40% of 1320 SF clinic = 528 SF @ \$200/SF	
• Small Addition	\$350,700
835 SF Addition @ \$420/SF	
• Project Cost Factor @ 28% =	\$136,542
Construction Contingency	10%
Construction Administration	8%
Design Fees	10%
Total Cost of Remodel/Renovation	\$624,192

Option 2: Large Addition

• Code & Condition Repairs/Renovations	\$31,350
• Remodel/Upgrade Work.....	\$105,600
40% of 1320 SF clinic = 528 SF @ \$200/SF	
• Large Addition	\$529,200
1260 SF clinic @ \$420/SF	
• Project Cost Factor @ 28% =	\$186,522
Construction Contingency	10%
Construction Administration	8%
Design Fees	10%
Total Cost of Remodel/Renovation	\$852,672

Using the ROM estimate above we recommend that an architectural and engineering consultant be engaged to prepare construction documents required to facilitate the addition/renovation. The proposed modifications illustrated in the enclosed schematic drawings (See Proposed Additions A6 & A7) are the result of close coordination between the architect, owner and end users.

APPENDIX A: DEFICIENCY TABLE & PHOTO LOG

Civil Deficiencies			
Item #	Code	Deficiency	Suggested Resolution & Rough Order of Magnitude Cost Estimate
Cou01	08	Drainage ditch hasn't been maintained and isn't performing effectively.	Provide effective grading leading to drainage ditch, clean site to allow for drainage and maintain ditch to enhance performance. (\$1600)
Cou02	08	Standing water at base of stairs, ramps and in parking areas.	Provide effective grading to allow water to drain into existing ditch. The estimated cost for this deficiency is included in Cou01.
Cou03	02	Lacking signage or parking designations, so vehicles are often parked directly in front of main entrance.	Designate handicap parking and signage. (\$1000)
Cou04	08	Standing water on site.	Provide effective grading to allow water to drain into existing ditch. The estimated cost for this deficiency is included in Cou01.
Architectural Deficiencies			
Item #	Code	Deficiency	Suggested Resolution & Rough Order of Magnitude Cost Estimate
Aou01	03	Exterior door from storage room has no means of reaching grade ie: landing, stairs or ramp.	Construct ADA compliant landing with attached stairs and compliant railing. (\$3000)
Aou02	02	Only available ramp is not ADA compliant. The slope exceeds 1:12, there is no landing at the top of the ramp, the railing doesn't have 12" extensions at top and bottom and the rise from grade to ramp surface exceeds ¼".	Construct an ADA compliant ramp. (\$25,000)
Aou03	03	Emergency vehicle access landing is less than the 8'-0" required for stretcher access.	Replace landing with an 8'-0" landing. The estimated cost for this deficiency is included in Aou02.
Aou04	02	The ramp and all of the stairs are lacking ADA compliant handrails.	Install ADA compliant handrails. The estimated cost for this deficiency is included in Aou02.
Aou05	03	Materials of all ramps, stairs and landing are unsafe (slippery) and deteriorating in the climate.	Replace all ramps, stairs and landings with climate appropriate, non-slip materials. The estimated cost for this deficiency is included in Aou02.

Aou06	03	Stair/landing to mechanical room has deteriorated to the point of being dangerous.	Replace mechanical room access landing and stair with pre-manufactured "ships" ladder. (\$750)
Aou07	02	The only entry that has an accessible ramp is locked off from public use.	Remove ramp and construct an ADA compliant ramp at the main entry. The estimated cost for this deficiency is included in Aou02.
Aou08	03	Hallway is used for storage and work space for visiting health professionals.	Expand and add designated work space for visiting health professionals. Note: This deficiency is the first of many that necessitate a major addition / alteration to resolve. The costs associated with this deficiency are based on ROM square footage estimates for new and existing alterations. Refer to Section 7.5 for a breakdown of new/renovation construction costs, for this and all remaining deficiencies unless otherwise noted.
Aou09	03	Clinic sterilization room and lab is used by visiting health professionals causing congestion and disruption of general clinic operations.	Expand and add designated work space for visiting health professionals.
Aou10	03	Inadequacy of the dental room requires their compressor to be stored outside with cords run through the window.	Add a designated dental room with adequate work space and built in equipment.
Aou11	03	Inefficient storage room creates congestion and requires storage of many supplies in the laboratory.	Reorganize storage room and provide additional, efficient shelving space.
Aou12	03	Insecure records storage. The door to the room is always open and is directly across from the only public restroom.	Provide space for secure records storage.
Aou13	03	Unsafe storage of bio-hazard waste.	Provide space for safe bio-hazard storage.
Aou14	03	Insecure location and installation of narcotics locker. The locker is located in the main office, visible to any visitor and is easily detached from the wall.	Install narcotics locker in a secure location.
Aou15	02	Layout of the only restroom is difficult for wheelchair maneuverability. The presence of the water heater in the restroom rather than in the mechanical room reduces turning radius area.	Reorganize fixtures in restroom and move water heater to the mechanical room.

Aou16	02	Fixtures in the only restroom are not ADA compliant.	Install ADA compliant fixtures.
Aou17	02	There are no grab bars in the restroom. They should be present at the toilet, but the layout of the toilet makes this prohibitive. They should also be present in the tub.	Install grab bars around the toilet and in the tub.
Aou18	01	Storage in Arctic entry and the only accessible means of egress. The doors of this entry are constantly locked and the screen doors are bungee corded shut.	Provide storage space so the equipment in the entry can be relocated and provide a different means of accessible egress.
Aou19	03	Office space inadequate to accommodate 2 CHA's, reception activities, pharmaceutical storage and visiting health professional work space.	Expand office space and add designated work space for visiting health professionals.
Aou20	03	Inadequate trauma room. The space is not large enough to accommodate necessary trauma equipment nor is it accessible by stretcher from any entrance, not even the emergency vehicle access entrance. In addition it isn't equipped for overnight monitoring which is a need in an island facility.	Expand trauma room, provide stretcher access and provide the necessary equipment for overnight monitoring.
Aou21	02	The Arctic entry for the main entrance isn't ADA compliant. The door swings are incorrect and there isn't 4'-0" clear between the door swing and the wall.	Expand Arctic entry and correct door swings.
Aou22	02	Exterior doors do not have ADA compliant lever handles.	Replace exterior door hardware with ADA compliant hardware.
Aou23	02	Interior doors do not have ADA compliant lever handles.	Replace interior door hardware with ADA compliant hardware.
Aou24	03	Trim around doors and some windows is deteriorating.	Repair and repaint trim.
Aou25	03	Reception window needs to be finished with trim and a sill. Walls have some scuffing and need refinished.	Install trim and sill around reception window.
Aou26	03	Insulation is inadequate in attic space. Insulation is missing in parts of the attic, esp. around mechanical ductwork. Overall the attic is deficient in insulation by at least 6".	Replace missing insulation and install additional insulation.
Aou27	03	Soffit venting is inadequate. Venting only	Install continuous soffit vents.

		occurs at every other truss space rather than continuously.	
Aou28	03	Baffling is only present in every other truss space.	Install baffles in every truss space.
Aou29	03	Emergency eye wash station is missing.	Install Emergency eye wash station.
Mechanical Deficiencies			
Item #	Code	Deficiency	Suggested Resolution
Mou01	05	Plumbing fixtures are residential, not commercial type.	Replace fixtures.
Mou02	05	Water closet seats are closed front, not split front.	Replace seats.
Mou03	05	Hot water heater not seismically restrained.	Strap to wall.
Mou04	05	Shower valve not pressure balancing.	Replace valve.
Mou05	05	Fixtures plumbed with S-traps.	Replace with P-traps.
Mou06	05	Plumbing fixtures not vented.	Re-pipe all fixtures with individual vents.
Mou07	05	Cleanouts not provided in waste piping.	Provide cleanouts at upper end of all waste pipe runs.
Mou08	05	No over-fill protection at fuel oil tank.	Provide 3.5 gallon over-fill container on fuel tank fill connection.
Mou09	05	Fuel oil supply pipe inadequately supported.	Provide additional pipe support(s).
Mou10	01	Fuel oil safety valves not provided.	Provide fusible valve and oil safety valve.
Mou11	05	Return air pulled from toilet room.	Revise return air system, cap duct at toilet room.
Mou12	05	Outside air duct terminates in attic.	Extend duct to louver on exterior wall.
Mou13	05	No balancing dampers on return or outside air ducts.	Provide dampers.
Mou14	05	No filter in furnace system.	Install filters in return air.
Mou15	01	Furnace flue corroded.	Replace with double-wall flue.
Mou16	01	Flue clearances to combustibles not maintained.	Replace with new flue, installed per manufacturer's requirements.

Mou17	05	Furnace combustion air inadequate.	Provide additional exterior opening per IMC requirements.
Mou18	05	Ceiling grille missing in storage room.	Provide grille.
Mou19	05	Supply air in cold attic is un-insulated.	Insulate ductwork.
Mou20	05	Janitor exhaust fan not ducted to exterior.	Route duct to exterior.
Electrical Deficiencies			
Item #	Code	Deficiency	Suggested Resolution
Eou01	01	Separation of electrical disconnect from fuel tank inadequate.	Relocate fuel tank.
Eou02	06	Grounding and neutral bus bars tied together.	Re-wire panel to connect ground wires to ground bus bar.
Eou03	06	Clearance in front of electrical panel is inadequate.	Relocate clothes washer/dryer.
Eou04	06	NM (Romex) cabling used in patient care areas.	Replace NM cable with wiring routed in conduit.
Eou05	06	Junction boxes in attic missing covers.	Provide covers.
Eou06	06	Quantity of receptacles inadequate.	Provide additional receptacles where needed.
Eou07	01	Emergency light missing.	Replace missing light and provide an additional emergency light.



Cou01



Cou02



Cou03



Cou04



Aou01



Aou02



Aou03



Aou04



Aou05



Aou06



Aou07



Aou08



Aou09



Aou10



Aou11



Aou12



Aou13



Aou14



Aou15



Aou17



Aou18



Aou19



Aou20



Aou21



Aou22



Aou23



Aou24



Aou25



Aou26



Aou27



Aou28



Mou01



Mou02



Mou03



Mou04



Mou05



Mou06



Mou07



Mou08



Mou09



Mou10



Mou11



Mou12



Mou13



Mou14



Mou15



Mou16



Mou17



Mou18



Mou19



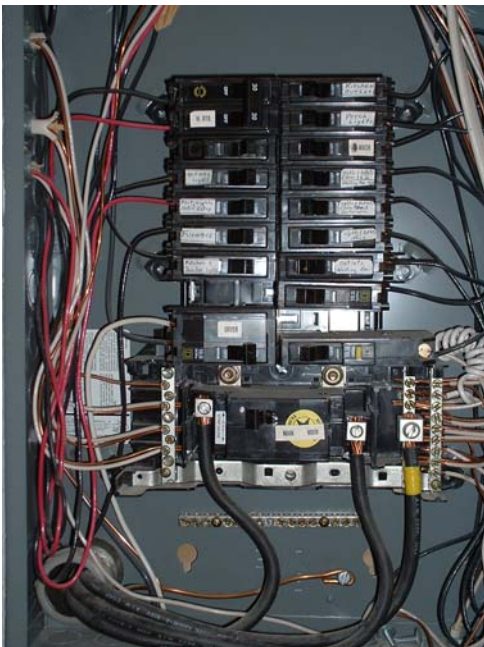
Mou20



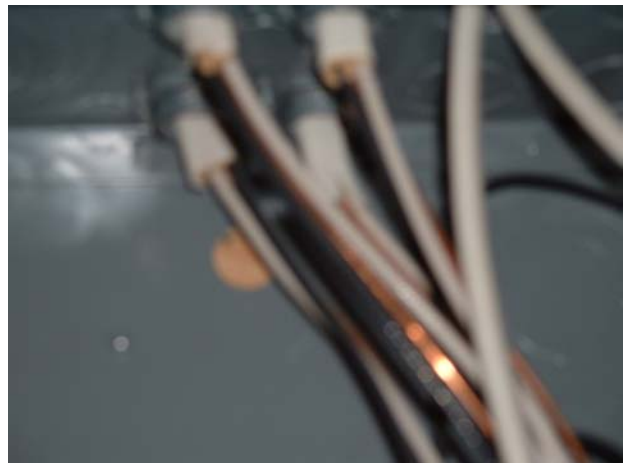
Eou01A



Eou01B



Eou02



Eou03



Eou04

APPENDIX B: GENERAL PHOTOS



CGE01
Drainage Ditch at North Edge of Property



CGE02
Southwest Area of Proposed Expansion



CGE03
West Area of Proposed Expansion



CGE04
Northwest Area of Proposed Expansion



CGE05
Delineation of Grading Conditions at Property
Line between Clinic Property & Tribal Hall



CGE06
Parking Area between Front of Clinic and Road



CGE07
Adjacency of Tribal Hall



**AGE01
South Elevation**



**AGE02
West Elevation**



**AGE03
North Elevation**



**AGE04
East (Front) Elevation**



AGE05
Telemedicine Cart Stored in Storage Room



AGE06
Sterilization Room (For Both Clinic & Visiting Dental Staff)



AGE07
Lab Counter



AGE08
Janitorial Room



AGE09
Typical Exam Room



AGE10
Waiting Area



AGE11
Main Entry & Typical Landing/Stair Construction



AGE12
Dental Room



SGE01
Typical Foundation Assembly



SGE02
Foundation Assembly at Center of Building



SGE03
Floor Assembly Penetrations



SGE04
Typical Skirting Assembly



SGE05
Condition of Soil inside Skirting



SGE06
Typical Roof Assembly



SGE07
Typical Attic Condition



SGE08
Roof at Peak (Blocking, Sheathing and Nailing)



MGE01
Typical Plumbing Fixture



MGE02
Typical Plumbing Fixture



MGE03
Crawlspace Piping



MGE04
Attic Ductwork



**MGE05
Fuel Tank**



**MGE06
Mechanical Room**



EGE01
Hall / Entry Lighting



EGE02
Electrical Panel



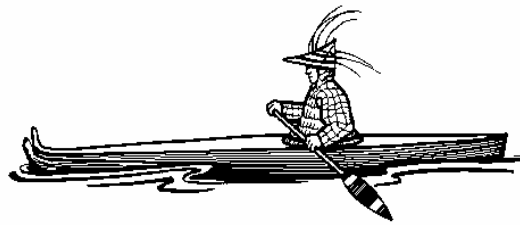
EGE03
Electrical Meter / Disconnect



EGE04
Telephone Service

This Report was Prepared By:

Kodiak Area Native Association



with assistance from:

LARSEN CONSULTING GROUP



LARSEN CONSULTING GROUP
architecture • engineering • surveying

Phone: (907) 243-8985
Fax: (907) 243-5629
Web: www.larsen-anc.com

Address:
3710 Woodland Drive, Ste. 2100
Anchorage, Alaska 99517